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| **Did the participant die during the study?** | Yes ☐ (Complete SAE form. Further questions not applicable)No ☐ |
| **Date researcher was notified of withdrawal**  |

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| **Date of withdrawal** |

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| **Who made the decision to withdraw? (Tick one option)** | Participant ☐Relative ☐Care home ☐Clinician ☐Other, specify below ☐Not applicable (e.g. lost to follow-up) ☐ |
| **Time-point of withdrawal** | During baseline visit ☐Between baseline visit and 6-month follow-up ☐Between 6-month and 12-month follow up ☐ |
| **Reason for withdrawal (Tick one option)** | Health-related ☐Time commitment related ☐No longer interested ☐No longer wishes to have further data collected ☐Protocol deviation – specify below ☐Adverse event ☐Trial terminated by sponsor ☐Prefer not to say ☐No reason given ☐Other – specify below ☐ |
| **Protocol deviation or other reason for withdrawal – details****Please do not include any information on participant/care home allocation here** |  |
| **Consent given by participant to use data collected up until point of withdrawal?** | Yes ☐No ☐ |
| **Completed by (initials)** |

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| **Completed by (role) (Tick one option)** | **Care-home manager ☐** **Care-home staff ☐** **Trial manager ☐****Other** **☐** |
| **Date form was completed**  |

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